St. Catharines Transit Commission

2012 First Street Louth, RR3,
ST. CATHARINES, ON L2S 3V9
Phone 905-685-9844 Fax 905-685-4050

Paratransit Application Form

Introduction

Please read the following carefully.

The St. Catharines Transit Commission (SCT) operates and maintains a public transit system within the City of St. Catharines. The system consists of both conventional and specialized transportation services (Paratransit System of St. Catharines).

The Paratransit System of St. Catharines provides a safe and reliable transportation option for persons with disabilities to travel with freedom and dignity. Applicants may be eligible for Paratransit service if their disability prevents them from using the SCT's conventional transit for all or part of their trip.

A. Eligibility Criteria as regulated by the Province of Ontario

Please refer to eligibility definitions below:

- A person with a disability that prevents them from using conventional transportation services shall be categorized as having **unconditional eligibility**.
- A person with a disability where environmental or physical barriers limits their ability to consistently use conventional transportation services shall be categorized as having **conditional eligibility**.
- A person with a temporary disability that prevents them from using conventional transportation services shall be categorized as having **temporary eligibility**.

B. Completion of Application Form:

- Complete Section 1. Be sure to sign the Application Form (on page 4) or have someone sign it on your behalf.
- Your health care professional **must** complete Sections 2 and 3 of the Application Form specifying the exact nature and severity of your disability stating why you are physically unable to use conventional buses. **Your health care professional must sign this form (on page 6).**

- **Mail, fax, e-mail or deliver all sections of this completed form to:**

  St. Catharines Transit Commission
  2012 First Street Louth, RR3
  ST. CATHARINES, ON L2S 3V9

  Office Hours 8:30am to 4:00pm all working weekdays
  Telephone: 905-685-9844 Fax: 905-685-4050
  Email: paratransit@yourbus.com

Registration may take up to twenty-one (21) days, providing all the required information is received and you clearly meet the Eligibility Criteria. You will receive more details after your application has been reviewed at the monthly review committee meeting. If your disability improves at any time after you have qualified for Paratransit, please contact the Paratransit office to inform us of these changes.

Paratransit Application Form

SECTION 1 – Applicant to Complete

Surname (please print below) First Name & Initial Mr/Mrs/Ms

_____ _____

Street Number & Name, City, Postal Code (Please Print Below)

_____

Name of Residence (if applicable) _____

Main intersection nearest to your residence _____

Home Phone _____Alternate Phone _____Ext _____

Date of Birth (mm-dd-yyyy) _____

E-Mail Address: _____

Refer to Eligibility Criteria, Page 1 Item A. Do you require Paratransit service:

Unconditionally? ☐ Conditionally? ☐

Temporarily? ☐ If temporary, how many months? ___

Are you currently using the conventional bus service? Yes ☐ No ☐

If yes, why do you now require Paratransit service? _____

_____

Do you currently use any of the following assistive devices? Check all that apply.

No device	☐	Braces	☐	Cane(s)	☐
Crutch(es)	☐	Service animal	☐	Prosthetic(s)	☐
White cane	☐	Communication devices	☐		
Oxygen tank	☐	Measurements, if known: _____			
Walker/Rollator	☐	Foldable	☐	Non-Foldable	
Scooter	☐				
Combined weight with applicant:		Less than 800 lbs/ 363 kgs	☐	More than 800 lbs/ 363 kgs	☐
Wheelchair	☐				
Powered	☐	Manual Non-foldable	☐	Manual foldable	☐
Combined weight with applicant:		Less than 800 lbs/ 363 kgs	☐	More than 800 lbs/ 363 kgs	☐

Dimensions in inches or centimetres, if known Width _____ Length _____

Other _____

Note: Paratransit bus ramps are 32 inches wide. All assistive devices must be kept clean and in good repair as service may not be able to be provided if your assistive device cannot be properly secured.

Paratransit Application Form

SECTION 1 (Continued)

Please identify any disability conditions that affect your ability to travel on conventional transit.

Disability Condition(s)	Always	Sometimes	Explain how and why this disability condition affects your ability to travel on conventional transit
Physical	☐	☐	
Sensory	☐	☐	
Mental Health	☐	☐	
Cognitive	☐	☐	
Other	☐	☐	

Is your ability to travel on conventional transit impacted by any of the following seasonal conditions? Check all that apply.

	Always	Never	Sometimes	If always or sometimes, explain why
Extreme cold	☐	☐	☐	
During or after ice and snow	☐	☐	☐	
Extreme heat	☐	☐	☐	

Our employees are only permitted to assist users up or down one vertical step. Are there any steps at the entrance to your:

Home	Yes	☐	(How Many?) _____	No	☐
Workplace	Yes	☐	(How Many?) _____	No	☐
Doctors	Yes	☐	(How Many?) _____	No	☐

Other Please specify _____

What means of transportation are you using at the present time? _____

Were you previously registered with Paratransit? Yes ☐ No ☐ Year ____

Have you applied for Paratransit in the past? Yes ☐ No ☐ Year ____

Paratransit Application Form

By signing below, I hereby authorize The St. Catharines Transit Commission, The Regional Municipality of Niagara and their service providers (collectively: “St. Catharines Transit Commission Representatives”) to use the information contained in this application provided by health care practitioners as well as any other information that may come to our attention and is relevant to this application, to determine my eligibility for the services of paratransit. I further authorize the Health Care Professional who signs Section 3 of this application to release information on the applicant to the St. Catharines Transit Commission Representatives for this purpose. By signing below, I am aware that my continued eligibility may be re-assessed from time to time by the St. Catharines Transit Commission Representatives.

Applicant’s Signature _____ **Date** _____

*** Personal information on this form is collected under the Authority of the Municipal Act, R.S.O., 2001, c.25 as amended and is used solely to determine eligibility for transit services offered by The St. Catharines Transit Commission, the Regional Municipality of Niagara or Freedom of Information Act for Commission**

I certify that the information contained within this application can be shared with other specialized transit service providers upon their request in order to accommodate my trip requests should I travel within their service area.

Applicant’s Signature _____ **Date** _____

This application is subject to review by the Paratransit Application Review Committee at any time.

Paratransit Application Form

Sections 2 and 3 must be completed by your Health Care Professional, such as a Doctor, Registered Nurse, Physiotherapist or Occupational Therapist.

SECTION 2 – (Please Print Clearly)

Name of Health Care Professional _____

Address _____

Telephone _____

The eligibility of an applicant for Paratransit is directly dependent on his/her inability to physically use conventional buses. It does not necessarily depend on other medical problems such as cardiovascular disease, pulmonary disease or old age but, they may be additional factors taken into consideration. **Please refer to the Eligibility Criteria in Section 3 below.**

Please explain in detail the nature of the disability, when it occurred and prognosis of same

_____

_____

_____

_____

_____

_____

_____

SECTION 3

Careful completion of this section will assist us greatly in processing the application.

Please provide us with your comments.

Eligibility Criteria as regulated by the Province of Ontario. Please refer to the eligibility definitions below:

- A person with a disability that prevents them from using conventional transportation services shall be categorized as having **unconditional eligibility**.
- A person with a disability where environmental or physical barriers limits their ability to consistently use conventional transportation services shall be categorized as having **conditional eligibility**.
- A person with a temporary disability that prevents them from using conventional transportation services shall be categorized as having **temporary eligibility**.

(1) **Indicate your patient's eligibility below:**

Unconditionally ☐ Conditionally ☐

Temporarily ☐ If temporary, how many months? _____

Paratransit Application Form

SECTION 3 (Continued)

(2) **Does the applicant have any difficulty with coordination in the**

Upper extremities Yes ☐ No ☐ Lower extremities Yes ☐ No ☐

Further comments: _____

(3) **Please indicate what percentage the patient can flex and extend his/her**

Upper extremities Flex (L) _____ (R) _____ Extend Flex (L) _____ (R) _____

Knees Flex (L) _____ (R) _____ Extend Flex (L) _____ (R) _____

Hips Flex (L) _____ (R) _____ Extend Flex (L) _____ (R) _____

(4) **Is the applicant able to walk 175 metres?** Yes ☐ No ☐

(5) Paratransit drivers assist passengers from one accessible door to another accessible door, but do not provide onboard care or assist passengers beyond the accessible entrance of their destination or departure.

In your opinion, **does the applicant require a Support Person to be with him/ her when they use Paratransit? (Support Persons travel for free)**

The applicant always requires a Support Person (in this case, service will only be provided when a Support Person is travelling with the applicant.)

The applicant only occasionally requires a Support Person and will have a Support Person travelling with him/her at those times.

The applicant does not require a Support Person.

(6) **Additional Comments:** _____

_____

_____

_____

Signature_____ **Date**_____

(Health Care Professional)

Please note: For safety reasons, a passenger using a three-wheeled scooter type mobility aid should transfer from the scooter to an ambulatory seat within the bus. However, service will not be denied to those passengers who are not able to transfer without risk of injury. Is this patient able to transfer to an ambulatory seat without risk of injury? Yes ☐ No ☐